

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Enter Correct Information Concerning Person Whose Birth Record Is Being Amended	REGISTRANT'S FULL NAME AT BIRTH				STATE FILE OR BIRTH NUMBER		
	John Allen Ware				1915-000037		
	BIRTH DATE	Month Jan.	Day 7	Year 1915	BIRTH PLACE	City or Town Due West	
					County Abbeville	State S. C.	
ITEMS TO BE AMENDED OR CORRECTED	ITEM OMITTED OR IN ERROR			BIRTH CERTIFICATE SHOWS		SHOULD BE	
	Given name			David Allen Ware		John Allen Ware	
AFFIDAVIT	I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT: SIGNATURE OF PARENT (OR OTHER) <i>John Allen Ware</i>				RELATIONSHIP Self		
NOTARY (AFFIX SEAL)	SUBSCRIBED AND SWORN TO BEFORE ME ON Apr. 2nd 19 75			SIGNATURE OF NOTARY <i>W. F. Nickles</i>		NOTARY COMMISSION EXPIRES 6-19 19 78	
ABSTRACT of Supporting Evidence (for health dept. use)	DO NOT WRITE BELOW THIS LINE						
	NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)					DATE ORIGINAL DOCUMENT WAS MADE	
	1	Own child's birth record, Helen Angela Ware, Abbeville, S. C.					12-15-1955
	2						
	3						
	INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE						
	1	John Allen Ware					
2							
3							
ADDITIONAL INFORMATION							
DHEC No. 613 Rev. 11/73							
I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.		ASSISTANT STATE REGISTRAR <i>Norris M. Bryan (jd)</i>		EVIDENCE REVIEWED BY <i>W. F. Nickles (jd)</i>		DATE FILED 4-18-75	